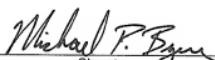


|  |  |   |
|--|--|---|
| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>   |  | Docket Number (Optional)<br>0775/000003 |
| In re Application of<br>Karer et al.   |  |   |
| Application Number<br><b>09/700,367</b>  |  | Filed<br>11/15/2000                     |
| For Gaseous phase fluidized-bed reactor  |  |   |
| Art Unit<br>1797   |  | Examiner<br>HANDAL, KAITY V             |
| Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.   |  |   |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>510.00</u></span>  |  |   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span><br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account No. <u>14-1437</u> . I have enclosed a duplicate copy of this sheet.<br><input checked="" type="checkbox"/> Applicants hereby petition for a <u>1</u> month extension of time under 37 C.F.R. §1.136. The requisite fee of <u>\$ 120.00</u> is paid by credit card. |  |   |
| I am the<br><input type="checkbox"/> applicant /inventor.<br><input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b)<br>is enclosed. (Form PTO/SB/96)<br><input checked="" type="checkbox"/> attorney or agent of record.<br>Registration number <u>54,015</u><br><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34. _____  |  |   |
| <br><span style="float: right;">Signature</span><br>Michael P. Byrne<br><span style="float: right;">Typed or printed name</span>  |  |   |
| <span style="float: right;">202-659-0100</span><br><span style="float: right;">Telephone number</span><br><u>December 10, 2007</u><br><span style="float: right;">Date</span>  |  |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.<br>Submit multiple forms if more than one signature is required, see below*.  |  |   |
| <input type="checkbox"/> *Total of _____ forms are submitted.  |  |   |